


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 25, 2005 08:00 AM
Secretary of State**

DOCUMENT # P96000039193 1. Entity Name ENTERTAINMENT INNOVATIONS INC.	
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Principal Place of Business 12025 N.W. 39TH ST CORAL SPRINGS, FL 33065 US	Mailing Address 12025 N.W. 39TH ST. CORAL SPRINGS, FL 33065 US
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01072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0698277	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**1100000196187
01/26/05-80059-011 158.75**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	COB NASSETTA, ROSALIE 8015 N.W. 100TH WAY TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS NASSETTA, ROSALIE 8015 N.W. 100TH WAY TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP NASSETTA, VINCENT 8015 NW 100TH WAY FORT LAUDERDALE, FL 33321
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/18/05 954-2550010
Date Daytime Phone #